

Case Number:	CM14-0047431		
Date Assigned:	07/02/2014	Date of Injury:	05/15/2005
Decision Date:	11/16/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 71 year old female, who sustained an industrial injury on 5-15-2005. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for chronic pain syndrome, depression and anxiety. Medical records dated 3-25-2014 indicate the injured worker complains of back on going pain. In an exam dated 2-20-2014 the treating physician indicates she "has been taking more, came in for pill count." "I think patient legitimately did not appreciate she was overdosing." Physical exam dated 3-25-2014 notes tenderness to palpation of the mid and low back. Treatment to date has included surgery, Lexapro, Ambien, Klonopin, Lamictal, Norco (since at least 3-2011) and Nucynta. The original utilization review dated 4-1-2014 indicates the request for Norco 10-325mg #240 is non-certified. This independent medical review pertains to a Utilization review done on 4/1/2014. The provider sent medical records until 6/2015. None of the more recent records were reviewed since they cannot retrospective affect criteria used in this medical review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg, #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dealing with misuse & addiction, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Documentation shows that patient never had any documented objective improvement in pain or functional status with continued complaints of severe 10/10 pain. There is noted escalation and increasing use of norco often against prescription instruction and provider's orders. Patient is noted to be using 8 tablets of norco a day and sometimes more and was using them up early. Due to lack of any objective benefit and noted aberrant behavior with dosing of opioids and acetaminophen starting to exceed daily limit, Norco is not medically necessary.